

Date: ___/___/___

Time: _____

Reviewed by _____

Thank you for considering a shelter pet! To better serve you, please answer the following questions:

Name: _____

Phone Number: _____

Address: _____

Email Address: _____

Do you currently own any pets? How many? _____

Yes No

Are they spayed/neutered?

Yes No

If you have pets, which veterinarian do you use?

If you have pets, do they have current rabies vaccinations?

Yes No

Have you ever surrendered an animal to a shelter or given a pet away?

Yes No

If so, what were the circumstances?

Have you ever been issued a warning or a citation for an animal control ordinance violation or had an animal legally removed from your care? Yes No

If you rent, may we contact your landlord to confirm that pets are allowed?

Yes No

Landlord's phone number: _____

How do you plan to contain your new pet? (please choose all that apply)

Fence Tie-out Dog Lot Crate in the house Leash walking

I certify that the above information is correct to the best of my knowledge. I understand that failure to answer honestly may result in denial of adoption.
(please sign and date)
